	PLEASE TYPE OR PRINT
ENTRY BLANK—	PLEASE TYPÉ OR PRINT
Ms./Artist Mr./Artist	VICE LESSMAN-MOSS (last name last)
Permanent Address 626	4 LAKEV 1EW DR RAJONN treet City
44266	Daytime Tel. (216) 678-8454
Zip	area
Temporary or Studio Address	
	Street City
	Daytime Tel. ()
Zip	area
If you do not presently Reserve, in which coun	v live in one of the counties of the Western yety where you born?
Collaborator (if any) _	
	Street
City	State Zip
City	
Special Instruction	
will not be accepted.	ompleted in full and signed; forms received unsigned
When necessary, including the displaying an object.	de instructions or a drawing for assembling and
understood that the M jects not picked up by	es for both delivery and return of objects. It is useum shall dispose for its own account any obthe dates given herein. It is also understood that remain on exhibition until May 31, 1987.
	ects will be construed as an acceptance by the conditions printed herein.
Signature /	fu'h
///	
I have received the un	sold/unaccepted object(s) in good condition.
Signature	
1///	

ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

The Cleveland Museum of Art
11150 East Boulevard
University Circle
Cleveland, ON 44106



Janice Lessman-Moss 6264 Lakeview Dr. Ravenna, OH 44266

SMA BY WILLIAM

Participating Artists should pick up work during this week also.

If this is not a convenient time for you, please let us know since the May Show office closes ______ June__ 19____ and we will try to make other arrangements. Thank you.

421-7340

Ext. 116

Tom Hinson Curator of Contemporary Art